

Application Data Sheet

Application Information

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CONJUGATES OF PORPHYRIN COMPOUNDS WITH CHEMOTHERAPEUTIC AGENTS
Attorney Docket Number::	376462001900
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Benjamin
Family Name::	FRYDMAN
City of Residence::	Madison
State or Province of Residence::	Wisconsin
Country of Residence::	United States
Street of mailing address::	821 North Holt Circle
City of mailing address::	Madison
State or Province of mailing address::	Wisconsin

Postal or Zip Code of mailing address:: 53719

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Argentina
Status:: Full Capacity
Given Name:: Aldonia
Middle Name:: L.
Family Name:: VALASINAS
City of Residence:: Madison
State or Province of Residence:: Wisconsin
Country of Residence:: United States
Street of mailing address:: 821 North Holt Circle
City of mailing address:: Madison
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53719

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: A.
Family Name:: KINK
City of Residence:: Madison
State or Province of Residence:: Wisconsin
Country of Residence:: United States
Street of mailing address:: 110 Wolf Street
City of mailing address:: Madison
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53717

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Laurence
Middle Name:: J.
Family Name:: MARTON
City of Residence:: Fitchburg
State or Province of Residence:: Wisconsin
Country of Residence:: United States
Street of mailing address:: 5810 Tree Line Drive
City of mailing address:: Fitchburg
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53711

Correspondence Information

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional	60/400,512	August 2, 2002

Assignee Information

Assignee name:: SLIL BIOMEDICAL CORPORATION
Street of mailing address:: 505 Science Drive, Suite C
City of mailing address:: Madison
State or Province of mailing address:: Wisconsin
Postal or Zip Code of mailing address:: 53711-1093